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SMITH HOPEN, PA 180 PINE AVENUE NORTH OLDSMAR, FL 34677				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				Jessica P		(Depositor's name)	
				QUANTALAN	aul	(Signature)	
				February	13, 2009	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/711,419	09/17/2004		Omer C. Eyal		!408.07	5418	
TITLE OF INVENTION	I: SELF-CLEANING CF	HLORINE GENERATOR	R WITH PH CONTROL				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	YES	\$755	\$0	\$0	\$755	03/11/2009	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	]			
SMITH, NICHOLAS A		1795	205-620000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Ronald E. Smith 2 Smith & Hopen, P.A				
3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp	A TO BE PRINTED ON ified below, no assignee oletion of this form is NO	(B) RESIDENCE: (CIT	eatent. If an assigne assignment.  Y and STATE OR CO	OUNTRY)	document has been filed for	
Maytal Tech, Inc. Altamonte Springs, Florida							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
	are submitted: No small entity discount p	permitted)	<ul> <li>ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).</li> </ul>				
a. Applicant claim	itus (from status indicate	us. See 37 CFR 1.27.			L ENTITY status. See 37		
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Authorized Signature	Lord	2,5		Date	February 13,	2009	
Typed or printed nam					o. <u>28, 761</u>		
an application. Confident submitting the complete this form and/or suggest Box 1450, Alexandria, Valexandria, Virginia 223	itiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DC 113-1450.	U.S.C. 122 and 37 CFR E USPTO. Time will vary rden, should be sent to the O NOT SEND FEES OR	depending upon the indi depending upon the indi e Chief Information Offic COMPLETED FORMS T	vidual case. Any cor er, U.S. Patent and I O THIS ADDRESS.	nments on the amount of	nd by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. or for Patents, P.O. Box 1450, ol number.	

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